

## FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035757

FILED VS SEP 16 1960

290

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. 124

STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY <b>Pulaski Co</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>New Jersey</b> COUNTY <b>Hudson.</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Liberty Twp.</b>		c. CITY OR TOWN <b>Bayonne</b>	
Length of stay in lb <b>12 hrs.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Rural Rt. Way, Mo.</b>		d. STREET ADDRESS (If outside, give location) <b>52 W. 4th st.</b>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Elizabeth</b> Middle <b>-----</b> Last <b>DePazza.</b>		4. DATE OF DEATH Month <b>August</b> Day <b>26,</b> Year <b>1960</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White.</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12/12/1903</b>
9. AGE (last birthday) <b>57</b>		IF UNDER 1 YEAR Months _____ Days _____	
IF UNDER 24 HR Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-----</b>	
11. BIRTHPLACE (City and state or country) <b>Bayonne New Jersey</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Unknown.</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Tomestic.</b>	
14. NAME OF HUSBAND OR WIFE <b>Dominic. DePazza</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>Unknown.</b>	
17. INFORMANT <b>Dominic DePazza</b>		Address <b>52 W. 4th St. Bayonne, New Jersey</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CORONARY Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 min</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased <b>On. 8/26/60</b> to _____ and last saw her alive on _____ Death occurred at <b>4:00 AM.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>B. Medges</b> (Degree or title) <b>County Coroner.</b>		22b. ADDRESS <b>Richland, Missouri</b>	
22c. DATE SIGNED <b>8/26/60</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>8/26/60</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Unknown.</b>		23d. LOCATION (City, town, or county) (State) <b>Bayonne, New Jersey</b>	
24. REGISTER'S SIGNATURE <b>Edna Mae Anderson</b>		25. DATE RECD. BY LOCAL REG. <b>8-31-60</b>	
26. REGISTER'S SIGNATURE <b>Edna Mae Anderson</b>			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 16 1960

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Clarence Prose

Licensed Embalmer No. 4896

P. O. Address Waynesville, N.C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.